

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
P.O. BOX 37200, WASHINGTON, D.C. 20013-7200

INSTRUCTIONS FOR REINSTATEMENT APPLICATION

1. Complete **ALL** items. If an item does not apply to you enter "N/A". **Incomplete or incorrect applications will be returned.**
2. Application must be accompanied by application fee of \$50.00, check or money order, payable to D.C. TREASURER. A charge of \$50.00 will be imposed for dishonored check (Public Law S9-208). **All fees are earned when paid and are not transferable or refundable.** YOU WILL BE BILLED FOR THE RENEWAL FEE AFTER THE BOARD APPROVAL OF THE APPLICATION.
3. Submit two (2) recent passport type photographs.
4. Practice outside the District of Columbia must be supported by an official letter verifying licensure in the applicable jurisdiction(s) during period(s) of practice. **YOU** must contact that jurisdiction to request this information.)
5. Submit copies of course certificates reflecting continuing professional education (if applicable to your profession) since last renewal to include names of courses, dates, instructor's signature and location.

THE SOLE RESPONSIBILITY IS ON YOU TO REQUEST THE INFORMATION TO PROCESS YOUR APPLICATION FOR LICENSURE AND TO FOLLOW-UP WITH THAT AGENCY FOR ANY POSSIBLE DELAYS.

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APPLICATION FOR REINSTATEMENT

Date of Application _____

Name: _____ Date of Birth: _____
Type or Print MO/DA/Yr.

Home Address: _____

Home Phone: _____ Social Security Number: _____

Business Names: _____

Business Address: _____

Business Phone: _____

Type of License: _____ Original License Number: _____

Date Issued: _____ Date of Last Renewal: _____

Method of Original Licensure (Check One): () Examination () Reciprocity () Waiver

Reason for not renewing: _____

Please account for all employment, periods of non-employment, and all practice since the last date of licensure, and indicated the name, business address and telephone number of all such employment in the District of Columbia and other jurisdictions.

(Attach Additional Sheets, if necessary)

Have you (if firm, any office of firm) been arrested, indicted or convicted of a crime (other than minor traffic violations) since your last renewal?

Yes _____ No _____ If "Yes", attach a written explanation.

Has any jurisdiction denied your application for registration, suspended or revoked your registration or informed you of any pending charges since your last renewal?

Yes _____ No _____ If "Yes", attach a written explanation

AFFIDAVIT OF APPLICANT

I _____, being duly sworn, depose and says under penalty of false statement, that the information given in this application, including all writing and exhibits attached hereto, is true and complete.

Signature of Applicant _____

District of Columbia ss.

Subscribed and sworn to before me this _____ day of _____
20 _____ by the affiant, who personally appears before me.

(SEAL)

Notary Public _____ My Commission Expires _____

FOR OFFICE USE ONLY

Original License Number: _____ Verified by _____

Date of last license renewal: _____ Verified by _____
Initials Initials

Employment verified by: _____ Date _____

Board Approved by: _____
Signature Date

Board Denied by: _____
Signature Date

REMARKS: _____

